

No. 2
2-45
17-39
X47070

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED FEB 5 1947
Registration District No. 128

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH
Primary Registration District No. 2000

Dr. Vail
State File No. 818
Registrar's No. 56

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:
(a) County Greene
(b) City or town Springfield
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1385 No. Campbell 3
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
In this community 60 Years. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Greene 39
(c) City or town Springfield 2
(If outside city or town limits, write "RURAL")
(d) Street No. 1735 So. Main Street 3
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME Etha A. Marsh
3. (b) If veteran, name war No
3. (c) Social Security No. None

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Jan. day 17
year 1947 hour 5 minute P. M.

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife No
6. (c) Age of husband or wife if alive years

21. I hereby certify that I attended the deceased from 6-16-47 19. to 1-17 19. 47
that I last saw her alive on 1-12 19. 47
and that death occurred on the date and hour stated above.

7. Birth date of deceased Jan. 13 1862
(Month) (Day) (Year)
8. AGE: Years Months Days If less than one day
85 0 4 hr. min.

Immediate cause of death:
Chr. Myocarditis
Hypertension
Due to.....
Due to.....
Other conditions:
(Include pregnancy within 3 months of death)

9. Birthplace Unknown Mass.
(City, town, or county) (State or foreign country)

Major findings:
Of operations.....
Of autopsy..... 93D

10. Usual occupation Home
11. Industry or business.....
12. Name George Marsh
13. Birthplace Unknown Mass.
(City, town, or county) (State or foreign country)

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify).....
(b) Date of occurrence.....
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

14. Maiden name unknown
15. Birthplace unknown
(City, town, or county) (State or foreign country)
16. (a) Informant: Mrs. Sherwood Schmill
(b) Address: Springfield, Missouri
17. (a) Burial (b) Date thereof 1-19-47
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Billings, Mo.
18. (a) Signature of funeral director Herman S. Lohmeyer
(b) Address Springfield, Missouri
19. (a) 1-18-47 (b) W. E. Handley M.D.
(Date received local registrar) (Registrar's signature)

23. Signature W. E. Handley (M. D. or other) MD
Address Springfield Mo Date signed 1/18/47
While at work? (Specify type of place) (Specify means of injury)
Date signed 1/18/47

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed

Walter E. Lanette

Licensed Embalmer No. *3808*

P. O. Address *Springfield Mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.